

FILED

JUL 14 2008

RICHARD W. WIEKING
CLERK U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

10 KEVIN WILLIAMS }
11 Plaintiff, }
12 vs. }
13 ALAMEDA COUNTY }
14 SHERIFF DEPT. Defendant. }

CASE NO. CV-08-3160

**PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS**

I, KEVIN WILLIAMS, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes No _____

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

26 Gross: AROUND \$100.00 Net: \$112.00 A MONTH

Employer: THE FACILITY, BUT I NEED LIVING EXPENSES, ATASCADERO STATE HOSPITAL KITCHEN.

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 I STILL FEEL I DONT WITH PERMISSION
 5 OF THE COURT A FULL 20% OF MY SMALL
 6 WAGES, THANK YOU.

7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

- 9 a. Business, Profession or Yes No ✓
 self employment
- 11 b. Income from stocks, bonds, Yes No ✓
 or royalties?
- 13 c. Rent payments? Yes No ✓
- 14 d. Pensions, annuities, or Yes No ✓
 life insurance payments?
- 16 e. Federal or State welfare payments, Yes No ✓
 Social Security or other govern-
 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 INDEPENDANT KITCHEN WORKER 80 HRS
 22 POSSIBILITY AT \$1.15 A HOUR

23 3. Are you married? Yes ✓ No

24 Spouse's Full Name: ZENOBIA LASHEEENA CHANDLER - WILLIAMS

25 Spouse's Place of Employment: WELLS FARGO BANK

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ \$ 1200.00 Net \$ \$ 800.00

28 4. a. List amount you contribute to your spouse's support: \$ NONE CURRENTLY

A.L.W., A.S.W., A.K.J.W., A.W.

7 | 5. Do you own or are you buying a home? Yes No

8 | Estimated Market Value: \$ Amount of Mortgage: \$

9 | 6. Do you own an automobile? Yes ___ No ___

10 Make ~~CHEV~~ CHEV Year '94 Model CORSICA

11 Is it financed? Yes No If so, Total due: \$ MY WIFE KNOWS THAT
12 Monthly Payment: \$ I DON'T KNOW

13 7. Do you have a bank account? Yes No (Do not include account numbers.)

14 || Name(s) and address(es) of bank: _____

15 | _____

16 Present balance(s): \$ 2.68

17. Do you own any stock? Yes _____ No _____ Amount: \$ _____

17 Do you own any cash? Yes No Amount: \$ _____

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated value.)

19 market value.) Yes No

market value.) Yes ✓ No

Social Security Money Leftovers. - 300.

21 8. What are your monthly expenses? But cannot get till out.

22 D-16 ② U.S. AIR FORCE \$ 25.00

22 Rent: \$ 250 Utilities: 23.00

23 Food: \$ 460.00 Clothing: Provided

34. Charge Accounts:

24 Charge Accounts:

25 Name of Account Monthly Payment Total Owed on This Ac

26 N.C.P.E. _____

20 _____ + _____ + _____
+ 1 + 2 = 3

NOPE

1 9. Do you have any other debts? (List current obligations, indicating amounts and to
2 whom they are payable. Do not include account numbers.)

3 might have a Child Support Problem but
4 I don't receive no more than \$900.00 a
5 month when outta Jail or this situation.

6 10. Does the complaint which you are seeking to file raise claims that have been presented
7 in other lawsuits? Yes No

8 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
9 which they were filed.

10 Kevin Williams vs. Alameda County case# C-07-
4525, filed in Northern District Court, U.S. that is.

11 I consent to prison officials withdrawing from my trust account and paying to the court
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.

15

16 7/7/08

17 DATE

Kerry Williams

SIGNATURE OF APPLICANT

18

19

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28

Case Number: CV-08-3160

**CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT**

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of KEVIN WILLIAMS [prisoner name] for the last six months at ATASCADERO STATE HOSPITAL where (s)he is confined.

[name of institution]
15 I further certify that the average deposits each month to this prisoner's account for the
16 most recent 6-month period were \$ 276.67 and the average balance in the prisoner's
17 account each month for the most recent 6-month period was \$ 46.01.

19 Dated: 7/9/08

M. L. Rice [Signature]
[Authorized officer of the institution]

**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA**

INSTRUCTIONS FOR PRISONER'S IN FORMA PAUPERIS APPLICATION

You must submit to the court a completed Prisoner's In Forma Pauperis Application if you are unable to pay the entire filing fee at the time you file your complaint or petition. Your application must include copies of the prisoner trust account statement showing transactions for the last six months and a certificate of funds in prisoner's account, signed by an authorized officer of the institution.

A. Non-habeas Civil Actions

Effective April 9, 2006, the filing fee for any civil action other than a habeas is \$350.00. Even if you are granted leave to proceed in forma pauperis, you must still pay the full amount of the court's filing fee, but the fee will be paid in several installments. 28 U.S.C. § 1915.

You must pay an initial partial filing fee of 20 percent of the greater of (a) the average monthly deposits to your account for the 6-month period immediately before the complaint was filed or (b) the average monthly balance in your account for the 6-month period immediately before the complaint was filed. The court will use the information provided on the certificate of funds and the trust account statement to determine the filing fee immediately due and will send instructions to you and the prison trust account office for payment if in forma pauperis status is granted.

After the initial partial filing fee is paid, your prison's trust account office will forward to the court each month 20 percent of the most recent month's income to your prison trust account, to the extent the account balance exceeds ten dollars (\$10.00). Monthly payments will be required until the full filing fee is paid. If you have no funds over ten dollars (\$10.00) in your account, you will not be required to pay part of the filing fee that month.

If your application to proceed in forma pauperis is granted, you will be liable for the full \$350.00 filing fee even if your civil action is dismissed. That means the court will continue to collect payments until the entire filing fee is paid. However, if you do not submit this completed application the action will be dismissed without prejudice and the filing fee will not be collected.

B. Habeas Actions

The filing fee for a habeas action is \$5.00. If you are granted leave to proceed in forma pauperis you will not be required to pay any portion of this fee. If you are not granted leave to proceed in forma pauperis you must pay the fee in one payment and not in installments. If you use a habeas form to file a non-habeas civil action, you will be required to pay the \$350.00 filing fee applicable to all non-habeas civil actions.

**ORIGINAL
FILED****E-filing****(PR)****UNITED STATES DISTRICT COURT****JUL 01 2008 FOR THE NORTHERN DISTRICT OF CALIFORNIA**

RICHARD W. WIEKING
 CLERK, U.S. DISTRICT COURT
 NORTHERN DISTRICT OF CALIFORNIA

SI**CV 08****3160**

Your petition has been filed as civil case number _____

- ✓ A filing fee of \$5.00 is now due. If you are unable to pay the entire filing fee at this time, you must sign and complete this court's In Forma Pauperis Application in its entirety. If the application is granted, you will not have to prepay the fee.

Your petition is deficient because you did not pay the filing fee and:

1. you did not file an In Forma Pauperis Application.2. the In Forma Pauperis Application you submitted is insufficient because:

You did not use the correct form. You must submit this court's current Prisoner's In Forma Pauperis Application.

Your In Forma Pauperis Application was not completed in its entirety.

You did not sign your In Forma Pauperis Application.

You did not submit a Certificate of Funds in Prisoner's Account completed and signed by an authorized officer at the prison.

You did not attach a copy of your prisoner trust account statement showing transactions for the last six months.

Other _____

Enclosed you will find this court's current Prisoner's In Forma Pauperis Application, which includes a Certificate of Funds in Prisoner's Account form, and a return envelope for your convenience.

Warning: YOU MUST RESPOND TO THIS NOTICE. If you do not respond within THIRTY DAYS from the filing date stamped above, your action will be DISMISSED, the file closed and the entire filing fee will become due immediately. Filing a Prisoner's In Forma Pauperis Application will allow the court to determine whether prepayment of the filing fee should be waived.

Sincerely,
 RICHARD W. WIEKING, Clerk,

By _____
 Deputy Clerk

Dear Trust Office,

FAXED
7/9/08

Hello Trust Office this is
Williams, Keri #057632-2 on
Unit 2, Bed 10.

I'm writing this note so I
can receive a 6 Month account
statement and to more on in a
private manner, thanks.

Williams, K.
#057632-2

Atascadero State Hospital
PO Box 7001
Atascadero, CA 93423
(805) 468-2000

A.S.H. TRUST OFFICE

Fax

To: UNIT 2-STAFF **From:** Terri Foley

Fax: 3028 **Fax:** 2171

Phone: **Phone:**

Re: Williams, Kevin 057632-2 **Date:** July 9, 2008

 Urgent for Review Please Comment Please Reply Please Recycle

• Comments:

Enclosed our copies of Mr. Williams Ledger Activity for the last 6-Months, in which he requested.

Thank you,

Terri Foley

Program Tech II

Atascadero State Hospital/ Trust Office

 * CONFIDENTIAL PATIENT INFORMATION - CALIFORNIA WELFARE AND INSTITUTIONS *
 * CODE SECTIONS 5328 & 4514. INFORMATION SUBJECT TO RELEASE IN *
 * ACCORDANCE WITH THE FEDERAL PRIVACY ACT OF 1974 (PUBLIC LAW 93-579). *

TR150 PAGE 1
 09:28:53 07/09/2008

ATASCADERO STATE HOSPITAL
 TRUST ACCOUNT/CASHIERS' SYSTEM
 LEDGER ACTIVITY 01/01/2008 TO 07/09/2008

PATIENT: 057632-2 WILLIAMS, KEVIN

WARD NO: 02
 ADMIT: 01/14/2008

DATE	DOCUMENT NO.	DEPOSIT	WITHDRAW	ENCUM-BRANCE	CURRENT BALANCE	COMMENTS
1/29/08	16 -271551	5.59			5.59	C.M.F.
1/31/08	13 -193170		5.59		0.00	Canteen disb
2/14/08	18 -021408	6.91			6.91	\$12.50 RECEIPT
2/15/08	16 -273053	14.00			20.91	R. WILLIAMS
2/16/08	13 -197416		0.65		20.26	Canteen disb
2/16/08	13 -197437		16.65		3.61	Canteen disb
2/16/08	13 -197448		1.95		1.66	Canteen disb
2/23/08	13 -199134		1.66		0.00	Canteen disb
3/ 6/08	16 -273136	35.00			35.00	R. WILLIAMS
3/ 8/08	13 -203067		1.95		33.05	Canteen disb
3/ 8/08	13 -203077		13.39		19.66	Canteen disb
3/11/08	13 -203665		15.15		4.51	Canteen disb
3/11/08	13 -203669		2.59		1.92	Canteen disb
3/14/08	13 -204626		1.55		0.37	Canteen disb
3/14/08	13 -204627		0.10		0.27	Canteen disb
4/ 5/08	13 -210986		0.19		0.08	Canteen disb
4/16/08	16 -273523	35.00			35.08	R. WILLIAMS
4/16/08	13 -213145		5.05		30.03	Canteen disb
4/16/08	13 -213197		17.97		12.06	Canteen disb
4/16/08	13 -213203		1.75		10.31	Canteen disb
4/16/08	13 -213306		2.87		7.44	Canteen disb
4/18/08	13 -213980		2.44		5.00	Canteen disb
4/18/08	13 -214307		1.84		3.16	Canteen disb
4/19/08	13 -214370		2.25		0.91	Canteen disb
4/26/08	13 -216612		0.84		0.07	Canteen disb
5/15/08	17 -275050	25.87			25.94	PROG4 APRIL PAY
5/16/08	13 -220794		5.25		20.69	Canteen disb
5/16/08	13 -220886		9.52		11.17	Canteen disb
5/17/08	13 -221310		2.00		9.17	Canteen disb
5/21/08	13 -221933		8.79		0.38	Canteen disb
5/23/08	16 -275085	23.00			23.38	R. WILLIAMS
5/23/08	13 -222844		16.71		6.67	Canteen disb
5/27/08	13 -223691		4.55		2.12	Canteen disb
5/30/08	13 -224689		2.10		0.02	Canteen disb
6/ 3/08	16 -275128	15.00			15.02	R. WILLIAMS
6/ 3/08	13 -225322		2.20		12.82	Canteen disb
6/ 5/08	13 -226183		6.33		6.49	Canteen disb
6/ 6/08	13 -226515		2.20		4.29	Canteen disb

* CONFIDENTIAL PATIENT INFORMATION - CALIFORNIA WELFARE AND INSTITUTIONS *
* CODE SECTIONS 5328 & 4514. INFORMATION SUBJECT TO RELEASE IN *
* ACCORDANCE WITH THE FEDERAL PRIVACY ACT OF 1974 (PUBLIC LAW 93-579). *

TR150
09:28:53PAGE 2
07/09/2008

ATASCADERO STATE HOSPITAL
TRUST ACCOUNT/CASHIERS' SYSTEM
LEDGER ACTIVITY 01/01/2008 TO 07/09/2008

PATIENT: 057632-2 WILLIAMS, KEVIN

WARD NO: 02
ADMIT: 01/14/2008

DATE	DOCUMENT NO.	DEPOSIT	WITHDRAW	ENCUM-BRANCE	CURRENT BALANCE	COMMENTS
6/ 7/08	13 -226893		2.80		1.49	Canteen disb
6/12/08	13 -227862		1.49		0.00	Canteen disb
6/17/08	17 -275197	118.30			118.30	PROG 4 MAY PAY
6/18/08	13 -229441		5.25		113.05	Canteen disb
6/18/08	13 -229509		32.03		81.02	Canteen disb
6/18/08	13 -229513		0.91		80.11	Canteen disb
6/20/08	13 -230070		20.02		60.09	Canteen disb
6/20/08	13 -230074		5.95		54.14	Canteen disb
6/21/08	13 -230699		8.30		45.84	Canteen disb
6/21/08	13 -230900		2.25		43.59	Canteen disb
6/21/08	13 -230902		0.65		42.94	Canteen disb
6/24/08	13 -231212		8.01		34.93	Canteen disb
6/24/08	13 -231227		1.55		33.38	Canteen disb
6/25/08	13 -231712		5.20		28.18	Canteen disb
6/26/08	13 -232091		8.15		20.03	Canteen disb
6/28/08	13 -232393		5.95		14.08	Canteen disb
6/28/08	13 -232664		1.85		12.23	Canteen disb
6/28/08	13 -232684		2.70		9.53	Canteen disb
7/ 2/08	13 -233411		6.85		2.68	Canteen disb

CURRENT BALANCE - OUTSTANDING CHARGES - HOLDS = AVAILABLE BALANCE
2.68 0.00 0.00 2.68

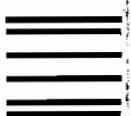
2

BUSINESS REPLY MAIL

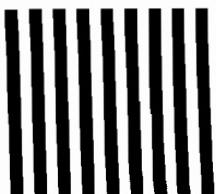
FIRST-CLASS MAIL PERMIT NO. 12615 WASHINGTON DC

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US DISTRICT COURT
450 GOLDEN GATE AVE
PO BOX 36060
SAN FRANCISCO CA 94102-9680



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IN THE
UNITED STATES



|||||